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ABSTRACT

Drug rehabilitation programs in New York City encompass every form of treatment modality to be found in the field. As of September 1972, approximately 50,000 addicts were being treated. Estimates of the total number of addicts in New York City range from 150,000 to 300,000. There is little coordination among the various governmental and private treatment agencies, and they all compete for the same funds. The majority of New York City addicts and ex-addicts come from minority groups, with low academic achievement, low job skills, and often with a criminal history. This is the principal target population for in-treatment and post-treatment educational and occupational concerns. Two models for an interface among education, employment, and treatment are presented, one for an occupational and educational information referral service for treatment programs and the other for an employment service. The delivery system for the two models would be an independent nonprofit agency designed to serve as an intermediary between the treatment programs and the educational and occupational institutions. Relevant data would be handled by a computer system and suggestions for implementation are given along with an estimated budget. (MF)

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RESEARCH COORDINATING UNIT

POST TREATMENT OCCUPATIONAL AND EDUCATIONAL SERVICES FOR THE FORMER DRUG ABUSER IN NEW YORK CITY

A Model for an Occupational and Educational Information Referral Service and an Employment Service

Supported by Grant 1 R25 MH 20901-01 MHSR
from the Center for Studies of Narcotic and Drug Abuse,
National Institute of Mental Health, Department of Health, Education, and Welfare,
to the New York State Education Department.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Occupational Education Research
Albany, New York 12224

February 1973

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POST TREATMENT OCCUPATIONAL AND EDUCATIONAL SERVICES FOR THE FORMER DRUG ABUSER IN NEW YORK CITY

A MODEL FOR AN OCCUPATIONAL AND EDUCATIONAL INFORMATION REFERRAL SERVICE AND AN EMPLOYMENT SERVICE

prepared by

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THE TRAINING FOR LIVING INSTITUTE
NEW YORK CITY

for

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Bureau of Occupational Education Research
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ABSTRACT

This project was prompted by information culled from the New York State Drug Administrators' Conference and the New York State Crisis Center Conference concerning the occupational and educational needs of former drug abusers in New York State and New York City. Data collected as a result of these conferences indicated the need for further study. Information was needed in the practices of drug abuse treatment programs and occupational and educational agencies as they relate to the post treatment education and employment of the former drug abuser.

The first part of this report consists of a review of the initiation of the project and the research procedures employed. The second part is an overview of the drug abuse treatment programs including the development of clients skills for education and the job market. Employment practices of business and industry and the interface between treatment and employment are also reviewed. The conclusions drawn from this review set the stage for the development of the proposed models.

The third section describes two models. The first is a model for an occupational and educational information referral service for ex-drug abusers in New York City. The second model is for an employment service for the same target population. The delivery system for the two models is an independent non-profit agency. This agency would be designed to serve as an intermediary service organization between the treatment programs and educational and occupational institutions. Special attention is devoted to the distinction between specific skills preparation and attitudinal and psychological preparation for schooling and employment. The special problems of methadone maintenance patients are also noted.

The final section is a presentation of a computer system for the proposed models and the combined model budget projections. A summary is included at the end of the report which contains recommendations for potential implementation and funding of the models.

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I. INITITATION OF THE PROJECT

In 1971 staff members of the Bureau of Occupational Education Research (POER) of the New York State Education Department became aware of a lack of communication between drug treatment facilities and public service agencies. This cognizance surfaced when staff associated with rehabilitation projects concerning occupational education research on the ex-addict came into contact with the directors of therapeutic residential drug communities. A more intensive investigation of this communications system revealed that interaction between the drug facilities themselves was also at a minimum. This dearth of exchange was recognized by many directly engaged in drug therapy (New York State Drug Administrator's Survey and Conference Report, 1971).

Federal support was sought and obtained from the National Institute of Mental Health, (NIMH) Center for Studies of Narcotic and Drug Abuse by the Bureau of Occupational Education Research of the New York State Education Department (SED). In July of 1971 a grant was awarded for the purposes of: (1) gathering data which would give details concerning all drug therapeutic programs in the State so that pertinent data could be available in a general format, analyzed, and available from one source, and (2) conducting a New York State Drug Administrator's Conference with administrators from residential therapeutic drug centers, having an agenda, partially based on the data collected, which would be both relevant and response provoking.*

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* A complete bibliography on drug therapy, drug abuse, and drug addiction can be obtained by writing to the Bureau of Occupational Education Research, New York State Education Department, Albany, New York 12224.

The objectives of the Drug Administrators' Conference were: (1) to establish communication through face to face meetings, (2) to stimulate an exchange of ideas among the directors of residential therapeutic drug communities in New York State and other related service agency personnel, and (3) to acquaint the directors of therapeutic communities with new services and facilities which could be of benefit to their clients. The original agenda was revamped when it was revealed that a number of the programs responding were out-patient, as opposed to in-patient, services.

The conference was held on October 6th, 7th, and 8th of 1971 in New York City. Fifty-two administrators from 40 different treatment programs attended the conference. More than 26 New York State agency representatives also attended. In addition, a number of guests from out-of-state, representing both treatment agencies and government agencies were present. A summary report of the conference stated the following:

> Based on the reported evaluations and on the received communiques, it would be fair to say that the conference objectives were met. A measurement of assessed value of degree cannot be stated. The initial meeting pointed out that such a diversified conglomerate of people and agencies cannot easily relate to one another in a single concentrated experience. A series of similar encounters should be established.

In an effort to reach drug-related programs which do not fit standard descriptions of either in-patient or out-patient services, BOER organized another conference for administrators of Crisis Centers in New York State. The purposes of this conference were: (1) to find out about what the Crisis Centers were doing, and (2) to offer resource help when and where needed. The conference was held on February 23, 24, 25, 1972 in Albany, New York.

Administrators from 14 crisis centers attended. Again a number of State agency representatives were on hand. A summary of the conference states:

> The purpose of the conference was felt to be fulfilled, that is, the data was gathered about the crisis centers throughout the State, and a rapport was established among the various center staff. Much useful information was exchanged and communication lines were open. The centers were encouraged to try to get together with each other and share their ideas in person as well as through a newsletter. (Statewide Crisis Center Conference, 1972).

A close examination of both conference summaries by BOER officials revealed several major problem areas. Firstly, many drug treatment programs are not adequately preparing their clients for entrance into either academic pursuits or the world of work. Preparation for furthering one's education or securing a job were viewed by many programs as ancillary services, secondary to the therapeutic aspects of rehabilitation. Secondly, even where treatment programs properly emphasized these important areas, the world of employment is not readily open to the former addict or methadone patient. Bitter complaints are registered by treatment workers that their programs were "funded for failure" because employment opportunities beyond treatment are so limited for their clients. The interaction between a lack of emphasis on occupational preparation by the treatment programs and the many prejudiced stereotypes of the business world has yielded a problem of major proportions.

In an effort to engage this problem head on, BOER requested and received permission from the Center for Studies of Narcotic and Drug Abuse, to allocate the remainder of the NIMH grant for the development of models to deal

with educational and occupational training opportunities and employment placement specifically for ex-addicts in New York City. Having received an affirmative response from NIMH, BOER sent out a request for proposals to a number of organizations in New York State. The project subcontract was awarded to the Training for Living Institute (TFL), a private, non-profit education agency in New York City (TFL proposal, 1972). TFL offers technical assistance, conducts research projects, holds workshops and seminars, and provides training programs for workers in the field of drug abuse, prevention and treatment. The duration of the BOER-TFL contract was August to December, 1972.

II. RESEARCH PROCEDURES

In recent months the problems of post treatment vocational and educational pursuits by former drug abusers have received a great deal of public attention. Workers in the treatment field have expressed grave concerns among themselves about these problems for several years. Coverage given to the recent Hardt Commission Hearing in New York City brought the essential dilemma into sharp focus (Village Voice, September 28, 1972; New York Post, September 20, 1972). These newspaper articles reported the efforts of the Temporary State Commission Evaluating the Drug Laws, headed by Assemblyman Chester R. Hardt of Buffalo, New York, 1972, to explore this problem. Through public testimony, problems of employment discrimination against former drug abusers were reviewed. Other articles (Wall Street Journal, September 21, 1972; New York Times, August 6, 1972; New York Post, September 15, 1972; New York Times, September 13, 1972) have also highlighted the many barriers to employment experienced by the rehabilitated drug addict. Public hearings on this subject, to be conducted by the NYC Commission on Human Rights, are scheduled for early 1973.

The research team at the Training for Living Institute sought to find out the facts behind these headlines. Our major thrust, in terms of gathering data, was to meet with persons having a role and opinions concerning ex-addict employment and education. TFL staff interviewed persons from government agencies, rehabilitation programs, business and industry, law enforcement, and related agencies from both the public and private sectors. Articles and monographs were found to be isolated documents rather than a cohesive literature. More opinions, and strongly held ones,

than facts were uncovered.

The area of post treatment occupational and educational pursuits has already fallen victim to harsh rhetoric and sharply divided opinions. Therefore, our interviewing procedures had to concentrate on the separation of fact and opinion. Wherever possible, we sought to derive the sources of opinion to learn how knowledgeable they actually were. In contacting and meeting with many agencies and individuals we discovered that there already exists an overlapping of efforts to come to grips with the problem. At present, no common ground exists between organizations that must cope with the problem. Real efforts to coordinate and concentrate available resources are only just beginning. It is one hope of this document to become a rallying point around which coordinated energies may be brought into focus.

III. OVERVIEW OF THE PROBLEM

A. THE TREATMENT PROGRAMS

1. DEVELOPMENT OF PROGRAMS

In 1966, with the creation of the New York State Narcotic Addiction Control Commission (NYSNACC) and the Office of the Coordinator of Addiction Programs, later the Addiction Services Agency of New York City (ASA), State and local officials created umbrella agencies for the funding of major efforts in the rehabilitation of drug abusers and drug addicts. Combined with private agency efforts, significant programs were launched in New York State and New York City. The thrust of NYSNACC funding has been to give grants to a variety of different treatment modalities. NYSNACC also created its own intermural and aftercare treatment delivery system.

ASA's initial thrust was the creation of voluntary drug-free programs. With the switch of ASA from the Human Resources Administration to the Health Services Agency in 1972, ASA's program responsibility now includes methadone maintenance and experimentation with narcotic antagonists. Beth Israel Medical Center's Bernstein Institute has achieved the status of New York City's largest non-government Methadone Maintenance Treatment Program. Through the Health Services Administration, many methadone programs have become operational under the direction of City Government. Some of the drug-free therapeutic community programs such as Daytop, Inc., Phoenix House and Odyssey House have grown enormously in the number of facilities and patient load. As a result of this activity, drug rehabilitation programs in New York City now encompass every form of treatment modality to be found in the field.

Recent estimates place the number of addicts in treatment in New York City, as of September 1972, at approximately 50,000 patients as stated by former ASA Commissioner Graham Finney before the Temporary State Commission to Evaluate the Drug Laws. Estimates of the total number of addicts in New York City range from approximately 150,000 as reported by the New York City Narcotics Registry to as high as 300,000 (estimating one unknown addict for every reported addict). Thus, while the majority of addicts remain outside any formal treatment process, it can now be stated that a greater number of addicts are receiving some form of treatment input than ever before in the City's history. How rapidly the number of new addicts is growing is not known at this time.

Students of the origin of rehabilitation programs in New York City are critically aware of the price paid for the establishment of these programs. There have been problems of functional definition between NACC and ASA. With the newly emerging role of the Federal government (Special Action Office for Drug Abuse Prevention - SAODAP), maximal inter-governmental agency coordination is yet to be achieved. The most salient factor is that all treatment agencies must compete with one another for the same funding dollar.

Treatment programs report that they are succeeding in carrying out their own stated goal of successful rehabilitation with <u>some</u> of their clients. Criteria for defining success and the percentage of success figures differ from one program to another. Programs report that their treatment goals are being met by more and more clients, whether they be graduates of drug-free programs or satisfactory participants in methadone maintenance programs.

This immediately poses two questions: (1) Are the treatment programs properly preparing their clients for the worlds of work and academic pursuit? and (2) Are the schools and businesses in the New York area ready to receive them?

2. PREPARATION FOR EDUCATION AND JOB MARKET

This section will address itself to the first question. It is now common knowledge that drug abuse is no respecter of traditional cultural distinctions based on race, class, education, income, and the like. However, from extensive conversations with treatment workers, it must be assumed that the bulk of New York City addicts are still coming primarily from minority groups, with both low academic achievement and severely limited job skills. Therefore, any question concerning in-treatment and post-treatment educational and occupational concerns, must address itself, in the main, to this target population. Educational and occupational opportunities have traditionally been limited for the poor and those referred to as "disadvantaged." This is an extremely important fact to note. Ex-drug abusers seeking education and employment are part of a much larger pool of persons alienated from or competing for the same limited opportunities. The fact that American Society is faced with a tight job market at present further complicates the situation.

In addition to limited job skills and poor educational background, the ex-addict is often faced with a criminal history which may bar him from belonging to certain unions, holding various licenses, or make him ineligible for bonding. Representatives of the Fortune Society, an

advocacy organization for ex-offenders, estimates that as high as 80% of all prison and jail inmates are drug abusers. Fortune states that their estimates are higher than those usually given because many inmates do not state their drug related activity, as this would lead to their legal certification as addicts by NYSNACC. In fact, many addicts enter treatment under duress of pending prosecution for drug-related offenses. Also, many convicted persons are remanded to the custody of treatment programs as terms of parole or probation. The problems of ex-offenders are certainly legion. We quote from the testimony of the Association of Voluntary Agencies on Narcotics Treatment before the Temporary State Commission to Evaluate the Drug Laws (AVANT, 1972):

> The sad fact, however, is that much of this technical training, obtained through the New York State Office of Vocational Rehabilitation (OVR) or other agencies, is wasted so far as the client is concerned because, due to his drug history, he is frequently unable to obtain a state license to practice the job he was trained for.*
>
> Thus, in the recent past, we have seen clients trained to be barbers, beauticians, laboratory and X-ray technicians, return to the welfare rolls after their training because of inability to get state licenses.

This occurs despite the fact that the Guidelines for Acceptance of Clients with a History of Narcotics Addiction (OVR, 1972) of the State Office of Vocational Rehabilitation are inclusive of clients from drug treatment programs.

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*OVR does not do any direct training. It refers clients to training agencies and supports the advancement of individuals for better jobs, or movement up the career ladder.

While no definitive statement can be made, it can be assumed that a limited job market, academic competition for acceptance to higher education, racism, conflicts in life style and similar socio-cultural variables interact (independently of drug history) to create serious barriers for minority group members and the disadvantaged. In general, treatment programs with middle-class clients report more success in placing graduates in jobs and schools than programs whose clients are drawn from the ghetto communities in New York City.

A. EDUCATION

The question of how adequately various treatment programs are preparing their clients for further educational and occupational pursuits is difficult to answer. For example, how much real attention is paid to the emotional and cognitive education of clients (and how affective and cognitive education interact as "treatment") will depend upon the treatment philosophy being applied. When one considers the total services which comprise the treatment delivery system, it is important to know the priority status given to education.

Sheridan (1972), in a paper entitled "Education as Therapy" presented before the American Psychological Association, points out that education is viewed as an integral part of the S.E.R.A. program (South Bronx) rather than as a privilege. In many therapeutic community programs educational activities are often the first in-treatment privilege to be revoked if the resident is not performing well in the therapeutic environment. In almost all cases, drug treatment programs in New York City provide an opportunity

for their clients to achieve the status of high school graduate, usually through equivalency diplomas. It is not known how many clients seek to enter post-high school educational institutions.

The most important factor in determining whether clients will seek out further education is the attitudes toward formal education held by the staff members of the treatment program. As "role models" for their clients, the staff members demonstrated education-seeking behavior and attitudes hold a powerful influence over clients. The more stress placed upon education for enrichment and employment, the greater the likelihood that clients will respond accordingly. Treatment programs often pride themselves upon the number of graduates who pursue post high school education.

How legitimate it is for treatment programs to promote higher education as a vehicle for success, for obtaining money, and to attain a better life is open to serious question. In May of 1972 CBS REPORTS broadcasted a program entitled "Higher Education: Who Needs It?" It reported that approximately one million students from 2,000 colleges and universities receive bachelor degrees each June. Many of these persons are experiencing serious difficulties in finding employment, particularly employment related to their education. At the same time, many graduates of two-year technical schools are being placed immediately in good jobs. This problem is compounded for the former drug abuser. If he does not find meaningful and practical avenues for securing a livelihood, the possible consequences for society in terms of drug relapse, criminality, and expanding welfare rolls are awesome. Therefore, proper emphasis on educational pursuits as a means

to an end (the end being gainful and fulfilling employment) is essential for well executed drug abuse rehabilitation.

A classical debate over whether colleges are supposed to intellectually stimulate and educate the "total man" on the one hand, or prepare him for immediate employment by teaching him specific skills, still rages on in academia. The cogent arguments for both sides of this debate must be addressed by drug treatment programs. If treatment programs will opt for the more pragmatic definition, then they must match the skills they teach with the skills called for in the world of work. If they opt for the education of the well-rounded man or woman, then they should state this to their clients. Many treatment programs are forming liaisons with educational institutions. One example is a study of an articulation program between Nassau Community College and Topic House (State Education Department, 1972). This study raises important questions concerning this type of burgeoning relationship in areas such as the connection between education and "split-rate", the meaning of re-entry programming, and the general concept of rehabilitation.

As part of our attempt to gather information on education, twenty questionnaires were sent to a number of colleges and universities. Twelve registrar and office of admission officials stated that former drug users may compete without prejudice for entry into their institutions. The only school that took exception was a clerical skills training organization stating that they did not want "drug users" in their student population.

(They made no distinction between present and former users). It seems, therefore, that educational admission policies are not exclusionary where former drug abusers are concerned.

B. OCCUPATIONAL TRAINING

Direct preparation for the world of work also varies from program to program depending upon their conceptual definition of rehabilitation. Programs generally divide into three categories: (1) those that prepare clients as part of their own treatment process, (2) those that refer their clients for occupational training outside their program, and (3) those who do not address themselves to occupational preparation. All treatment programs give lip service to the importance of meaningful employment either during or immediately after the rehabilitation process. As with the absorption of traditional academic programs, occupational training education may be assigned a higher or lower priority status within the total services provided by the program.

As viewed by the treatment staff members, occupational preparation involves three distinct processes. The first is adequate psychotherapeutic re-development obtained through the treatment process to insure against drug relapse and to foster emotional and intellectual maturity. The second is the development of appropriate work-related attitudes. This includes a willingness to work, the ability to withstand stress situations on the job, understanding competition and advancement, good relations with supervisory personnel and the like. The third aspect is specified vocational skills training for those who have no employable skills. All programs claim to accomplish

successfuly the first process (for those clients who finish their treatment regimen). Many programs also claim to develop and to stimulate the proper attitudinal set and rationale for the world of work. Programs do differ widely in the use of internal and external resources for the accomplishment of vocational skills training.

Some programs provide sheltered workshops on their premises in which specific job skills are taught to their clients. The majority of programs that use this process seem to teach skills which can lead to direct post-treatment employment. Drug treatment programs have learned from other types of institutions, particularly prisons, that the teaching of unmarketable skills is an invitation to recidivism. Therefore, careful attention is paid both to the market value of skills and the development and recognition of personal pride and dignity in clients.

A number of programs refer their clients to independent occupational training facilities. Treatment staff report that their experiences with such organizations are mixed. Past criminal convictions often militate against the licensing process necessary for actual employment in the areas in which clients were trained. Only changes in existing laws can ameliorate this problem.

The report of the Comprehensive Manpower Plan for New York (Fiscal Year 1973) rendered by the New York City Manpower Area Planning Council (MAPC) points out a number of serious problems. They state:

> Although some of the larger addiction treatment programs do their own job development, most of the ex-addicts in treatment are referred to existing job development and job training programs, such as the Neighborhood Manpower Service Centers, for manpower service. Here they are competing for jobs and training slots with the normally disadvantaged, and they fare very poorly.
>
> Public job training programs (such as the City's Manpower and Career Development Agency's Regional Training System and the Opportunity Industrialization Centers), have told MAPC staff they do not have a public policy stating they will not train ex-addicts or methadone maintenance patients. However, the drug treatment agencies the MAPC staff has interviewed who are working to get their clients into these programs have found it a very difficult process. Evidently, job training programs feel that with their current resources, they cannot handle the additional problems an addiction program client might bring to a training program for the normally disadvantaged. Furthermore, until the ex-addict can compete favorably with the other disadvantaged clients seeking service, he is excluded from these programs.
>
> The same type of exclusion exists in other programs. For example, according to Urban Coalition staff, most of the jobs developed for the disadvantaged through their JOBS program are not available to anyone with current history of drug addiction. This effectively eliminates the methadone maintenance patients who make up over half the treatment population in the city.

The MAPC report concludes:

> All told, ex-addicts, particularly those on methadone, are not in good competitive position in the job or training program market, unless they can successfully hide their associations with drugs. In fact, many drug treatment programs who are trying to get their clients into jobs discreetly counsel them not to reveal their former drug use or association with a methadone maintenance program to prospective employers.

In contrast with these conclusions, the New York State Narcotic Addiction Control Commission (Attack, 1972) reports that nearly 3,000 participants in the State's addict treatment program were on the job in 1971.* The average earning of the 3,000 NACC clients is $5,600

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*Between April 1967 and the fall of 1972 NACC has dealt with 63,000 narcotic addicts.

per annum (2,500 were working full-time). Positions varied from farming to managerial posts, with about two-thirds in the clerical, sales, service or machine and structural work fields. NACC placement representatives believe that these findings are impressive but constrained in large part because of the present poor job market. Shlomo Amity, Director of Employment for NACC, believes that : "Unless the ex-addict works-earns his own living -- can he himself feel successful and can we consider him rehabilitated." Amity feels that every reasonable approach to training and employment should be utilized to create a bulwark against failure (sheltered workshops, on-the-job training and other approaches).

In recognition of the many problems in this area, the Mayor's office has appointed a Commissioner of the Addiction Services Agency to head up a special Manpower Division to directly confront this problem. ASA carried out a Manpower Baseline Study which revealed that for their own employed clientele, 400 job categories emerged, ranging from skilled to unskilled. The ASA study further reported:

> Another check on a group of ex-addicts who found employment and returned their welfare checks to the Department of Social Services revealed that the average salary earned by the ex-addict was $5,876 (very close to the NACC average figure) per year. This means the simplest cost effectiveness of an ex-addict's employment is an annual return of $1,017 per patient in taxes and a saving of $2,028 in welfare costs, not to mention the saving in treatment costs and the immeasurable saving in human life realized when an addict is rehabilitated and able to support himself without having to resort to public assistance or worse, to criminal activity.

The importance of the treatment staff member as a role model for his charges, though touched upon previously, deserves additional mention regarding employment. It has been estimated by treatment directors that rehabilitation programs seek to and can absorb approximately 10-15% of their graduates as staff members. Most treatment programs in New York City draw their clinical staff from either their own programs or similar manpower pools in other analogous programs. The movement of staff from one treatment program to another is quite common.

There are both implicit and explicit cues provided by staff to clients regarding the high status accorded the role of treatment worker. Reactions of clients seem to generalize in two directions: (1) those who want to move as far as possible from a work setting resembling the treatment environment and (2) those who place great value on treatment as an employment goal and actively seek such work. Most staff workers tell their clients that they want them to examine a great variety of occupational possibilities beyond treatment. However, the constant implicit message in many programs is that the most rewarding type of work for the ex-addict, financially and in terms of prestige, is in the clinical treatment of addicts. Verbal disclaimers do not carry much weight with clients because they are constantly exposed to tangible evidence (status, clothing, cars, etc.) of the position accorded to the ex-addict clinical worker. Program staff have to work hard to establish the credibility of alternate forms of occupational pursuits. Positive motivation for other kinds of work must be established early during a client's rehabilitation, or he may develop unrealistic goal seeking behavior patterns.

3. SPECIAL PROBLEMS FOR METHADONE MAINTENANCE PATIENTS

All the prejudices and stereotyped thinking encountered by graduates of drug-free treatment programs are greatly compounded for the person who is considered a successful patient on methadone maintenance. Stories have become legion about methadone maintenance (MM) patients who have been productively employed and then summarily fired when their use of methadone is discovered. MM patients find that they must hide their involvement with their program if they are to be hired in the first place. When their use is uncovered, they are treated in the same way as a using heroin addict -- immediate dismissal and no redress of grievances.

The Methadone Maintenance Treatment Program (MMTP) at Beth Israel Medical Center has addressed itself to this problem in great detail. In 1968 MMTP hired a vocational rehabilitation specialist to study their program in depth. The 1972 Perkins and Wolkstein Study entitled "Vocational Rehabilitation in Methadone Maintenance Treatment: Society's Responsibility" concluded that: (1) vocational services must be established as an integral part of the program; (2) even when aided by vocational rehabilitation; prejudiced attitudes in business and industry, deter patient success; and (3) the responsibility of successful programming cannot be the sole province of treatment professionals -- many levels of society must become involved.

At present Beth Israel handles all placement because the outside training facilities that they use find it difficult to place methadone patients. Occupational counselors based in out-patient clinics work with patients and

staff who do psychological counseling. Occupational counselors have gone through special training programs in order to become acquainted with the problems of the methadone patient.

The vocational staff of MMTP presently consists of one supervisor and four vocational rehabilitation counselors, all having a graduate degree in vocational counseling. Their primary responsibility is to provide counseling and guidance in helping the patient to establish an identity as an employee. Counseling also centers on helping patients gain enough confidence and self-understanding to evaluate their needs and develop suitable occupational plans. Patients are assisted in evaluating their skills and as a result of this, move into employment. Follow-up counseling is encouraged to help patients adjust to their employment situation.

Seven years of research experience have gone into the evaluation of the behavioral side of the methadone maintained individual to assess his performance effectiveness potential. A summary of this research is reported by Norman Gordon (1973) under the title of "The Functional Status of the Methadone Maintained Person." Dr. Gordon's report draws the following conclusions:

> The foregoing presentations of our findings of over seven years of study of methadone patients has led us to a number of general conclusions. First and foremost, we have not found any evidence that maintenance on methadone per se should be a barrier to any activity chosen by a patient, consistent with his abilities and interest. The only qualification to this conclusion might be a medical one, which would stipulate that an adequate period of time for stabilization on the medication is necessary. In this connection, it should be kept in mind that our psychomotor studies were for the most part accomplished with patients who had been stabilized for a year.

> Secondly, it must be recognized that methadone therapy is designed to deal only with heroin addiction. Other behavioral factors, such as emotional problems, ancillary drug abuse of substances such as cocaine, amphetamines, barbiturates, and alcohol, where they occur, are problems that are also faced by those who do not use heroin. A potential employer should use the same judgment about a methadone patient as he would apply to any other individual. It cannot be assumed that the status "methadone patient" per se implies anything more than that an individual has volunteered to change his life style, perhaps save his life, and to attempt to become a useful citizen. There is no evidence that the ancillary problems faced by methadone patients occur with any greater frequency in that group than in any other group in the general urban population. Finally, it must be recognized that the performance potential of methadone treated ex-addicts is essentially normal, and their social behavior is likely to be superior in that they are seeking to improve their lot. They deserve to be treated as citizens rather than as "ex-junkies", for their record of accomplishment is an impressive one.

While advocates of different treatment philosophies may argue the overall efficacy of their approaches, it must be stated that the methadone maintenance patient deserves an equal opportunity with the totally drug-free individual in pursuing his educational and vocational interest. No comparison data presently exist comparing these two populations in either educational or work settings.

B. BUSINESS AND INDUSTRY

There are approximately one and a half million business firms of varying size in America. As the American drug scene ebbs and flows through corporate life, as it has in our schools, in military life, in family life, and the like, it represents a phenomenon not readily amenable to simple critical analysis. The National Institute of Mental Health has recently reminded us that alcohol still ranks as the number one "chemical of abuse." Amphetamines, barbiturates, tranquilizers, stimulants, hallucinogens and

narcotics are now combining to compete with alcohol for that dubious distinction. The most recent segment of society to feel the frontal assault of drugs other than alcohol is business and industry.

To date, a number of studies have attempted to measure the extent of drug abuse within the labor force. A study conducted by Kurtis (1970) for the Research Institute of America and reported in a publication sponsored by the New York Chamber of Commerce, is entitled "Drug Abuse as a Business Problem." The data from this study showed that, of 80 companies surveyed in the New York area, 90 per cent reported incidence of drug abuse on their premises, evidenced by increased absenteeism, poor work performance, thefts, and higher insurance rates: the consequent costs to business running into the millions of dollars. Most companies stated that they expected to uncover ". . . three times as many drug abusers in their work force by the end of 1970 compared to 1969, despite step-ups in screening procedures."

A study conducted by Chambers (1971) and published by the New York State Narcotic Addiction Control Commission, is entitled "Differential Drug Use Within the New York State Labor Force." The study found significant rates of regular drug use ". . . in all occupational groups except farmers, with sales workers 'quite consistently' reporting the highest rate of drug use, particularly for barbiturates (12.3 per cent) and marijuana (8.6 per cent) compared with statewide averages for all occupations of 2.0 per cent and 3.5 per cent respectively."

Rush and Brown (1971) conducted a study published by the Conference Board, an international, non-profit, fact-finding organization. Their study covered 222 firms, 131 manufacturing and 91 non-manufacturing. The findings indicated, among other things, that:

> most companies have had limited or no experience in dealing with drug abuse, but a majority believe that it is an increasing phenomenon and will become a great problem for business generally. More than half anticipate more extensive drug abuse problems with their organizations.

The authors also stated that 53 per cent of the 222 firms surveyed said they had found drug abuse of some degree among their employees.

A 1972 study of Chicago Industry Drug Abuse and Alcoholism was conducted by Clinical Bio-Tox Laboratories. Clinical Bio-Tox surveyed a variety of companies, ranging in size from 250 or fewer employees to those with more than 1,000. Eighty-four of the respondents were manufacturing concerns, 26 were service industries, and 7 were miscellaneous firms. Their survey discovered:

> One third of the 117 Chicago-area companies responding have discovered drug abuse at their plants. Of the 117 respondents, 32 per cent notes significant increases in employee absenteeism, 22 per cent noted increases in thefts, 21 per cent noted increases in poor morale. When companies were asked if these increases in employee problems were related to alcoholism and drug abuse, only 3 out of 51 firms reporting increases responded positively. Most companies seem to take a 'wait and see' attitude, preferring to ignore the problem rather than get involved in what might verge on union or legal problems.

A study conducted by Kemper Insurance (1972) comparing two companies points out that the industrial chemical abuser is not a new

phenomenon. This research found that drug "fashions" have shifted over the last 20 years with drugs other than alcohol becoming more prevalent.

The level of interest in learning about the drug abuse problem is reflected, in part, by attendance at a series of conferences conducted by the American Management Association (AMA) in New York City. A briefing session conducted by the AMA in November of 1970 was well attended (AMA, 1970). An expanded orientation seminar program drew 22 participants in December of 1971 (AMA, 1971). However, similar efforts met with gross under registration and had to be cancelled (AMA, June, 1972 and AMA, October, 1972). Over 70,000 promotional pieces of literature were mailed out around the nation and only 7 positive responses were noted. How these events reflect upon drug incidence in business and industry is unknown. A number of companies have chosen to have orientation seminars conducted by experts take place on-the-job (Kemper Insurance, Equitable Life, Caterpillar Tractor, and others).

As co-chairman of the 1971 AMA program, the senior author of this study noted a lack of information concerning the other end of the drug abuse spectrum in business and industry, that is, information derived from drug users and former users. The efforts of the Training for Living Institute to aid business firms in coping with this problem (Levy and Ramirez, 1971), prompted the author to seek more detailed information. In a study entitled "A Study of Drug Related Criminal Behavior in Business and Industry" (Levy, 1972), data was collected from 95 former addicts in four different treatment programs who had simultaneously used drugs and

held down paying jobs. Several findings were noted:

(1) Heroin addicts can work and hold down a wide variety of jobs. Eighty-seven subjects used heroin on the job and went virtually undetected. No one in our study was fired for "drug use." Jobs ranged from entry level to middle management.

(2) The profile of the typical subject in the study was male, a member of a minority group, in his early twenties, a high school graduate, with a family or individual income of between $5,000 and $10,000 annually, on drugs for approximately six years, and who willingly entered (probably with some external pressure) a voluntary drug-free rehabilitation program.

(3) There are four major categories of crimes committed by working addicts. They are (a) possession of illegal drugs on the job, (b) the sale of these drugs to other employees, (c) theft of goods and materials and (d) theft of cash and checks. Our sample indicates that working addicts restrict their criminal behavior to crimes against property as opposed to crimes against persons.

(4) The working addict comes to business and industry primarily from the academic drug scene (high school and college) and therefore brings his drug use with him. Most of our subjects were using drugs prior to gainful employment.

(5) Subjects were exceedingly clever and skilled at perpetrating crimes on-the-job. Many instances were cited of addict-employees working in pairs to steal from the company and fellow employees. For example, one worker in a coat making factory placed coats in the garbage and picked them up after hours.

In essence, it can be concluded that industrial drug abuse is a robust and growing phenomenon. The corporate sector seems to be approaching this dilemma with the same trepidations as experienced by the schools of our nation. Responses range from total avoidance of the issue to meeting it head on. Business and industry faces the issue of drug abuse in two distinct manners. First, there is the question of company policy and programs to deal with the drug problem within the company. Secondly, there is the issue of the employment of former addicts.

Goldenberg (1972), in his study of "Employment and Addiction-Perspectives on Existing Business and Treatment Practices," surveyed over 100 employers in the Boston area (employee load ranging from under 10 to over 500). He reports:

> An overwhelming 98 per cent of all employers had not made any effort to hire drug addicts (ex-addicts) or develop any type of cooperative relationships with drug rehabilitation programs. Finding that only 2 per cent of all employers initially contacted has any contacts at all with (or access to) drug users and drug programs raises the possibility that rather than seeking to develop such contacts, employers appear to be actively seeking to avoid such involvments and to guard against their occurring by mistake or miscalculation.

He also found that less than 15% of greater Boston area drug programs made use of the "World of Work"* concept in their rehabilitation efforts. Employers showed little inclination to employ or train people with drug problems believing that they constitute bad business risks and endanger a company's productivity.

It would be easy to make a blanket statement concerning the lack of involvement of businesses in the New York area. The simple fact is that

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* World of work applies to job training, occupational counseling, and job placement.

it is extremely difficult to obtain public evidence of positive efforts in this area. For reasons having to do with corporate image and public relations consciousness, most companies that are taking affirmative action wish to do so without notoriety. Furthermore, treatment programs that have achieved successful liaisons with businesses do not wish to share their resources with other programs.

Condemnations of the business community simply disregard the needs and perceptions of management. It is not reasonable to assume that employers can be embarrassed into providing jobs for ex-addict on the basis of social conscience. For those companies that do hire ex-addicts, the primary considerations are successful rehabilitation and job-readiness. Employers are always seeking skilled persons to complement their work force, even in a depressed job market.

POSITIVE POLICIES

To harp upon the negative examples of disregard or discrimination can become overworked and counterproductive. Many companies decide to deal directly with this problem. One of the best examples is the Equitable Life Assurance Society of New York City.

On September 20, 1972, Leon J. Warshaw, M.D., testified before the Temporary State Commission to Evaluate the Drug Laws. Dr. Warshaw made public Equitable Life's efforts to cope with the drug problem within their company (Equitable Life, 1972). He stated:

> The essence of a workable drug abuse program is the establishment and dissemination of a clearly stated policy, well-defined

procedures for implementing it, and a strong commitment to it on the part of the company's top management.

Essential to Equitable's program is the fact that drug abuse is viewed as a medical problem and only one of a host of emotional disabilities faced by employees. Thus, drug users are given an option to pursue treatment while their jobs are open for them. If the abuser can work satisfactorily, he remains on the job while obtaining treatment from New York Medical College or some other program. The main index of value is on-the-job performance. Failure to comply with treatment or unsuccessful job performance are grounds for dismissal.

Regarding the hiring of ex-addict employees Warshaw states:

> In contacting treatment programs in and around the New York City area as potential resources for referral of Equitable employees with drug abuse problems, we have indicated our willingness to consider hiring graduates of their programs who they feel are ready for employment. Our criteria are simple: we require that the individual be interested in working for the Equitable, that he have a reasonable capacity to perform the kind of work he is seeking, that he be sufficiently motivated to maintain an acceptable level of productivity and on-time attendance, and that he maintain contact with the referring agency for continuing treatment and follow-up. Great care is taken to see that he is placed in a unit where he can show to good advantage, and the Medical and Personnel Departments offer whatever counseling and guidance might be appropriate.

The five key dimensions of Equitable's program are: (1) Development and indoctrination of the staff in the employees's health center in emergency medical procedures for the treatment of apparent drug overdose. (2) A general educational program about drugs and their abuse for all employees and a special program for some 1200 middle management employees to acquaint them with company drug policy and procedures. (3) Improvement

of the current company programs for the rehabilitation of employees with drug problems. Equitable is collaborating with the Department of Psychiatry at New York Medical College in a one year program to upgrade the capabilities of staff in both personnel and medical departments for dealing with the full spectrum of emotional and behavioral problems in which drug abuse is included. (4) Expressed willingness to work with community agencies in hiring drug addicts whose rehabilitation had progressed to a point of being employable. (5) Allocation of a significant proportion of the funds available in the corporate support budget to national organizations attacking the drug problem.

A similar program is practiced by the Kemper Insurance Group in Chicago. Under the direction of Lewis Presnall, Director of Rehabilitation Services, the training of supervisory personnel has been a key factor in the Kemper program. Presnall (1972) states:

> It's a subtle, day-by-day job, but it has made them (managers) more responsible and sensitive to problems on all fronts. It's an excellent investment in management development.

Kemper has worked closely with the Illinois Drug Abuse Program which refers ex-addicts when they are job ready.

As pointed out by the Kemper group in their comments on shifting patterns of chemical abuse, alcohol abuse still ranks as the oldest and most serious problem of chemical abuse in business and industry. American Industry, in the main, has come to accept the alcoholic as a sick person who can respond to treatment. For a variety of reasons, the drug abuser has yet to be placed in a similar frame of reference by many companies.

Drugs other than alcohol represent differing fashions and tastes among the young. Certainly for many young people, and more older persons all the time, marijuana is the drug of choice as compared with alcohol. There are some excellent examples of positive action in dealing with alcohol abuse in the corporate sector. One such example is the program conducted by Dr. Nicholas Pace, Medical Director of the General Motors Corporation in New York City.

General Motors (GM) has been able to bring management and labor together to confront employee alcoholism. Mr. James M. Roche, Chairman of GM stated at a recent company meeting (GM, 1971):

> I am here today to urge all of you, management and unions, to join in taking steps, innovative ones in which all can share a responsibility, to turn back the tide of alcoholism. Such efforts can repay themselves in the reduction of lost time, poor quality, employees behavior and many other respects. More importantly, more rewarding for all who try to help, they can repay themselves in the rehabilitation of human abilities.

Dr. Pace has articulated the five basic steps of GM's program (GM, 1971): The first step is recognition, or how to acknowledge the problem in terms of deteriorating job performance. The supervisor does not have to make a medical diagnosis; he is taught to stay in his area of responsibility, namely supervision and evaluation of job performance. Absenteeism, lateness, errors, poor work performance, and interpersonal relations, are all performance criteria within his domain. The second step is documentation of the problem over a restricted period of time by the supervisor. The third step is a carefully staged confrontation by the ranking supervisor, department head, personnel director and the union representative. At the confrontation

the documentary evidence of deteriorating job performance is presented to the employee and he is given an ultimatum, -- either take action to correct his problem or be discharged from his job. He is advised that the first step toward corrective action is to see the company doctor and that management will abide by whatever the company doctor suggests. At the confrontation a crisis is produced, and the employee realizes that his job is now in jeopardy, and he becomes motivated to take corrective action to save his job. This is what is meant by using the job and the threat of job loss as the carrot and the stick, or as a lever to get the patient into therapy. One should remember that the untreated alcoholic rarely realizes he has this disease, but he can gain awareness when his job is threatened.

With the employee facing the threat of job loss, the company doctor now is in a position to get the employee into a treatment program that he will follow. In the severe cases this usually means arranging for the patient to go into a hospital for detoxification, and treatment for a week. This is a four week stay at an Alcoholics Anonymous type of rehabilitation hospital where group therapy counseling, rest, and good nutrition can be obtained. The employee undergoing treatment knows that at General Motors his job is waiting for him and that he will have another chance to make good.*

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*A brochure describing a cooperative labor-management approach to employee alcoholism programs is available from the National Council on Alcoholism (1971).

GM's alcoholism program can certainly be applied to the non-alcohol drug abuser as well. Employers and unions will find that the drug problem is more complicated and in many ways more subtle than is alcoholism. This is due, in part, to the wide variety of chemical substances that are used and abused.

It is essential to ask the question, "Why should employers want to hire ex-addicts?" There are a number of answers to this question, ranging from pragmatism to social consciousness. Many of the rehabilitation programs go beyond the treatment of the symptoms of drug addiction. They treat the underlying causes, and in so doing have a strong impact upon the formation or re-establishment of healthy attitudes and values. In many instances the value orientation and goal seeking behavior of the reformed addict may excel that of the average citizen. Treatment settings provide a learning experience that can forge a sense of self confidence and a positive outlook that can make a client a desirable employee. Most reformed addicts are quite anxious to secure good jobs and are willing to work quite hard to secure such employment permanently.

Business personnel are hard put to label accurately the drug problem in their firms. The ex-addict employee brings a keen knowledge regarding the drug scene to the work setting which can aid the employer in taking the "drug pulse" of his firm. This does not imply the use of the ex-addict employee as an undercover agent, but rather as someone who can give informed feedback and help both the employer and the employees who may have a drug-related problem. This kind of activity accrues to the benefit of all parties:

the ex-addict, the troubled employee, and the employer.

While there are many clients in treatment who need much educational support and occupational skills training, there are also quite a few who are already skilled and are ready to go into a job immediately after treatment. Thus, a genuine manpower pool of talented workers from many trades and professions already exists in treatment communities.

It is hypocritical for employers to complain bitterly about the worsening drug scene and then to refuse to hire the ex-addict. Given successful rehabilitation and work readiness, there is no excuse, except uninformed prejudice, for barring the ex-addict from employment. There is a paucity of data from employers that can lead them to state that the ex-addict is a greater risk than any other new employee. A drug history that is known (i.e., someone who has completed treatment) places the ex-addict in the position of being less of a risk than the unknown drug history of new workers who may be addicted.

In fact, Howard Samuels (1972), reporting the employment record of ex-addicts in Off Track Betting parlors, states that the parlor manned by ex-addicts fared as well and sometimes better than other parlors. The index of performance was based upon shortages, cost per bet, employee promotions, and other functional data. It must be kept in mind that these men worked together in a work setting of mutual support. The Vera report states:

> It is also of interest to note that in addition to employment, there were other changes in the lives of the OTB employees. Four of the men have married since they were hired, and seven have moved to better living quarters (including the four who

were married). Some of the employees are furthering their education. Three have taken high school equivalency exams: two have passed, and one is awaiting the results. One of the men who has been promoted is now attending college.

On the individual level, the OTB office has attained its goal. An environment has been created in which 21 ex-addicts have been able to work effectively. Of this group, two have been promoted to supervisory positions and 17 others have been deemed qualified for promotion.

There are those who are critical of the Vera-OTB project because they feel that the work support setting reinforces the concept of the "perpetual ex-addict" not capable of working with "normal people." The work support situation is certainly one valid method of post-treatment employment and should be used, where indicated, for both personal support and work productivity (it can be viewed as a re-entry setting). Other Vera projects include a street cleaning organization (Wildcat Services) and a messenger service (Pioneer Messenger Service). Here, it is significant to be noted that the complaint of many treatment workers has been that such work is beneath the dignity of many former addicts. This of course is a matter of personal values. The important factor is that the individual employee feels that the job gives him a sense of personal dignity and integrity.

The Vera Institute of Justice has recently been awarded a $928,386 grant by the National Institute of Mental Health to expand the work support program for ex-addicts and methadone maintenance patients. Clients will be provided with group employment in highly structured, supervised settings. The project aims at teaching on-the-job skills, and techniques for handling personal relations and stress. This grant will serve approximately 300 clients in its first year.

C. THE INTERFACE BETWEEN TREATMENT AND EMPLOYMENT

Standing between the treatment programs and employment are the occupational training programs. Recent estimates by the federal government indicate that occupational training programs in the last year have caused a one half of one percent drop in the national unemployment rate.* If monies in the coming year are granted only to training organizations with a good track record the impact could be even greater. The Special Action Office for Drug Abuse Prevention is looking into the underwriting of occupational training as an adjunct to drug treatment. The media reports a general nervousness concerning the fate of training money with the announcement of massive budget cuts to be made by the Administration in Washington. There will be resistance to such cuts because, very importantly, the present budget allows many federal legislators to bring training resources to their constituents. At this point the future of government support of occupational training for all persons remains a question mark.

Some treatment programs have already developed or are beginning to develop occupational training components. In addition to skills training, some of the centers are hiring job developers to create liaisons with business firms. Many of the larger companies operate their own training programs for new employees, eliminating the need for an intermediary training organization.

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* Source: Time Magazine, December, 1972.

At present a meeting of minds and services between treatment agencies and employers is still to be established. Some of the examples cited in the last section provide solid contact points for a meaningful interface. What is sorely missing is a coordinated and cooperative effort for establishing liaisons. Goldenberg (1972) states in his analysis of employment and addiction:

> There are no existing models which one can use as a meaningful point of departure for significant innovations or meaningful new directions. This being the case, we must look elsewhere -- to models developed in areas that are both distinct from, yet related to, the problems that characterize the drug phenomenon. For better or worse, that area is the "War on Poverty."

Goldenberg reviews five potential models and discusses their implications. These are: (1) The National Alliance of Businessmen Model, (2) Providing Drug Programs with Manpower Resources, (3) Communication and Coordination of Existing Resources, (4) Experimentation and Demonstration Project: Management Participation and Drug Re-Education, and (5) The World of Work and Department of Labor Leadership. As stated in the quote above, he dismissed each of these models with only brief rationales for the projected success or failure of each.

The Special Action Office for Drug Abuse Prevention (SAODAP) has constructed an experimental design to evaluate approaches to the employment of ex-drug users. The design is spelled out in a document entitled "Jobs for Drug Abuse Treatment Program Clients - Experimental Design" (SAODAP, 1972).

> SAODAP has developed a demonstration project to test the efficiency of various approaches to obtaining jobs for former drug abusers. The demonstration will be conducted in six cities and will utilize professional job developers to obtain jobs for treatment program clients. In addition, in three of the cities, cash subsidies will be available to participating employers.
>
> Results in the three subsidy cities can be compared with results in the other three cities to assess the effects of the subsidies. In addition, in all cities the clients who participate in the demonstration program will be matched with a control group of clients who receive only the regular job placement services provided by treatment programs. Therefore, the effects of the professional job developers can also be assessed.
>
> The demonstration program will be implemented through three groups, each working in two cities (one with professional job developers only and another with subsidies as well). These three groups are: (1) a federal agency, (2) a community based training/job development corporation, and (3) an organization, probably profit-making, selected through a competitive bidding process. Implementation of the demonstration project through three groups will enable the effectiveness of these approaches to be assessed. If the demonstration is successful, the program can be expanded, using the most effective of the tested mechanisms.
>
> The entire demonstration project will be evaluated through an independent contract. This evaluation will assess: (a) the effectiveness of the job development demonstration project, by comparing participants in the project with a control group of non-participants, (b) differences in effectiveness between subsidy and non-subsidy cities, and (c) the relative effectiveness of the three groups implementing the demonstration project.

There are several criticisms that can be leveled at this design. It seeks to examine too many variables simultaneously, particularly for its data base. When caseloads are achieved, 90 clients and 90 controls per city will be in the system at the end of the first year, and no more than 30 clients in each city will have been on the job over six months. City to city comparisons will be confounded by differing job markets and industrial profiles. There is no way to examine the contributing effects

of different treatment modalities either within or between cities. It will be hard to detect the influence of subsidies on such factors as promotion and job performance (either good or bad). The design may approximate a good statistical model but literal interpretation of results will be difficult, given the multiple levels and interactions between levels.

It appears that some companies are practicing outright discrimination with regard to ex-addicts. In some cases, existing laws and codes permit such practices. Groups, such as the Methadone Coalition for Equal Opportunity, with the aid of State Legislators, are actively working for legislative changes that will remove any discriminatory laws from the books. There is much work to be done in this important problem area.

D. CONCLUSIONS

Our research into the problem has led the authors to be cautiously optimistic about the establishment of models for an interface between education, employment and treatment. An approach that genuinely takes into consideration the expressed needs of both the world of work and treatment can succeed. The implementation of any model should proceed slowly but deliberately from the outset. No one can claim to immediately serve all the 14,000 former drug abusers presently seeking to continue their educations or seeking to obtain work (or both). A direct relationship between a treatment program and a school or employer seems to be the ideal. However, assurances for both parties can be established by an intermediary service organization sensitive to the reality problems of employers,

treatment workers, and clients. The concept of the ombudsman is gaining increasing recognition as a genuine bridge between factions that are often at odds with one another. An independent operation that has an extremely pragmatic orientation toward a mutual advocacy endeavor is what is being proposed here as a result of the study of the problem.

We believe that an independent service organization, preferably a private, nonprofit entity, operating apart from government, treatment programs, education, and employment settings can succeed in providing mutually acceptable and supportive services. While such a model would have to depend upon its funding from both government and the private sector, it would not be controlled by either. A number of government agencies which are directly concerned with addiction have voiced their support for occupational and educational programs but have decided that implementation should be left to non-governmental agencies. Political considerations may change this orientation, but the present climate permits implementation of an ombudsman type model.

The remainder of this study will be devoted to an explication of two models. The first is a model for an occupational and educational information referral service for treatment programs in New York City. The second model is for an employment service to serve clients of treatment programs and employers in New York City. While the intent was not to propose multiple models, research has led to the development of two models. As models, they are expected to be analyzed and criticized. They represent one specific

type of approach to the problem. As presently constituted, the models are an amalgamation of many different inputs and ideas drawn from a wide variety of actual approaches and opinions on the subject.

The underlying purpose of the study is that these models can be utilized by persons concerned with ex-addict employment and education as a point of common discussion and as a rallying point for affirmative action. A strong bias in the development of the models has been a genuine concern for the client and the realization of his hopes and aspirations for a full life of work and study beyond the completion of treatment.

IV. A MODEL FOR OCCUPATIONAL AND EDUCATIONAL INFORMATION REFERRAL SERVICE

If treatment programs are to make occupational training and educational opportunities available to their clients, the most important step is the provision of accurate and up-to-date information on the availability of these opportunities. Furthermore, clients must initially know whether their addiction or criminal history will act as liabilities in affording them such opportunities.

Many training organizations are not able or willing to place ex-addict clients, even if they are willing to train them. Interviews with governmental and private training organizations revealed the fact that the ex-addict's criminal and drug history make them exceptionally difficult to place. Various laws prevent certain career openings and training agencies are not always aware of these barriers to employment.

At present, no centralized source of occupational and educational information, which is updated on a regular basis and geared toward the former drug abuser, exists. Another purpose in establishing such an information bank is to provide clients and treatment programs with up-to-date data. It is then the responsibility of that treatment program to make application to the training program in question. There are very few existing training services that give direct feedback to treatment agencies.

An information referral counselor will be employed in the model to help interpret information and to advise treatment programs on how to approach academic and vocational schools on behalf of their clients. In

order to avoid duplicating other existing services, he will, wherever possible, coordinate his information with any similar existing services (e.g., Vocational Foundation, Inc. or College Advisory Service). The information referral counselor will glean opportunities from existing services that the ex-addict can utilize. He will be available to treatment staff to inform them, in depth, of current opportunities. Information will be stored in the computer bank on the basis of services available, charges -- if any, scholarship availability, quotas, potential discrimination against former addicts, courses of study, requirements for application, and the like. The information officer will also be available to advise educational and occupational staff of treatment programs on how to integrate their in-treatment program components with post-treatment programs. The emphasis here is on relevant preparation for work training and the pursuit of further academic studies.

The criteria for acceptance of individual clients will be decided by the schools and training institutions. Individuals and institutions vary too greatly to relate to a centralized set of standards for admission.

The data bank will include only those occupational training resources which are known to have placement components. Sending a former addict for training in a skill that is not employable is like sending him back to the street. It is this type of behavior that has led many treatment workers to complain of "funding for failure." If a training agency cannot place a client, then the skills they teach must match the kind of jobs available through the second proposed model for employment services. The essential

feature is the direct marketability of skills preparation. One of the major problems faced by former addicts is the fact that they must earn a living immediately after they have completed treatment. Therefore, it is conceivable that the employment model may help to provide a client with temporary employment while he receives training at another agency. To do so the client must meet the criteria for acceptance in the employment service which will be discussed in the next section.

The occupation and educational information referral service (OEIRS) will provide a weekly read-out from the computer. New data or changes in data will be placed in the information bank on a regular basis. In addition to the data entered in the computer, the service will acquire, wherever possible, multiple copies of brochures and promotional materials from educational institutions. OEIRS staff will send its information to a specific contact person at each treatment center. Initially information will be sent to all eligible programs. Thereafter, information will only be sent to those programs that request it.

In addition to weekly computer readouts, an OEIRS newsletter will be established. The newsletter will contain current news of grants, projects, and projected plans in fields of formal educational and occupational training. The newsletter will also act as a source of references for such information as the opening of new educational career programs, training opportunities, data available from other sources (i.e., New Careers Development Center at New York University), and the like.

OEIPS staff will be combing information on a regular basis seeking out new opportunities. Studies at TFL have already acquainted the authors with a number of educational opportunities. Included among these opportunities are Boards of Cooperative Educational Services, University Without Walls, Empire State College, community colleges, two year technical training schools, Free Learning Exchange, Adult Learning Centers, Small College Program affiliated with Brooklyn College, and many others. There is a new movement in education to give credit for life experience, for independent study, and special work study programs. These newer programs are especially important to the students who must work. Special emphasis will be placed on learning about educational opportunities which are directly related to the world of work. As pointed out in the remarks of the CBS broadcast, (noted on page 12) a bachelor's degree is not necessarily adequate preparation for related employment.

Envisioned is a line for an education developer who will make direct contacts with institutions of learning and training. The education developer will seek out sources of education and training and will closely scrutinize any disabilities ascribed to former drug abusers which may bar them from such studies. If any education of training programs are found to screen out former drug abusers, ex-felons and the like, efforts will be made to explore the potential for removal of such biases. Recalcitrant agencies will be removed from the list of recommended agencies.

The OEIRS model is an intermediary information service between the treatment programs and the education and training agencies. As such,

OEIRS does not seek to intervene in treatment in terms of dictating philosophy or methodology. Instead, OEIRS can be an adjunct to already existing treatment services to help them with either in-patients or out-patients, depending on their needs. It can offer learning institutions a central place in which to make their services known to a treatment and post-treatment population whose numbers are considerable and continuously increasing. It can also provide treatment programs with a listing of organizations and schools which can help them to complete the full cycle of rehabilitation. In addition, OEIRS can serve as a potentially valuable management tool for program planning and modification by treatment staff. It is possible, furthermore, that OEIRS can act as a catalyst in bringing treatment and education or training agencies together to articulate direct services (e.g., the articulation program between Topic House and Nassau Community College, 1969).

While the basic OEIRS program will be made available to programs, applicant individuals may also make use of the service. They will need a letter of certification from their treatment programs to be able to qualify.

It is important to re-emphasize that present existing training services will not be duplicated. OEIRS staff will comb existing services for programs and opportunities directly relevant to the needs of ex-addict clients. The model seeks to create an interface between treatment programs and educational and occupational training organizations.

V. A MODEL FOR AN EMPLOYMENT SERVICE

Individual treatment programs have been forced, because of the absence of any centralized employment service for ex-addicts, to fend for themselves in the area of client placement. Some programs have evolved excellent contacts with business and industry, while others have sought in vain to place people. It is not the intent of this model to try to supplant direct relationships between treatment agencies and business firms. In fact, support would be given to encourage the development of direct links between the two.

There are six major reasons for the conceptual development of a centralized employment service for ex-addicts: (1) to provide job opportunities for persons who because of their past drug association are not accepted in the main stream placement agencies, (2) to open up new job opportunities wherever possible in areas formerly closed to drug abusers, (3) to certify the work readiness of the ex-addict manpower pool who use our service, (4) to track the relative success and progress of those who are placed, so that evidence may be gathered for opening more employment opportunities for the clients, (5) to close the information and credibility gap between treatment and employment, and (6) to provide orientation services to both treatment programs and employers.

The criteria for use of the employment service is certification of the treatment program by NACC and/or ASA. The criteria for participation by employers is a clear statement of required job skills (and the availability of job training) and a policy for absorption of the "ex-addict" into the

world of work as an employee in full standing. Individual applicants will be required to produce a letter of certification and recommendation from their treatment program attesting to the completion of treatment and their work readiness. Required information from the client and his program will be of the same nature as any potential employee would be asked to submit to an employer. The center will require information on skills readiness (past job experience, academic performance level, and the like). The employment center will work closely with treatment programs to establish criteria to determine work readiness. Stringent screening during the first year is necessary to insure the future credibility of the center's certification for work readiness.

After the client or treatment program contacts the center, the following sequence of events are projected in the model:

A. PRE-EMPLOYMENT SCREENING

The client will meet with a center employment counselor. Counselor and client will review the client's personal background, including work experience, education, criminal history and the like. This interview will also include a review of the educational or occupational preparation which took place as part of the client's treatment regimen. If it is felt that a measurement of intellectual or occupational skills is indicated, then the client will be referred to an outside testing service. Clients will also be referred for remediation in the cognitive skills of math and reading. In addition to a discussion of job skills, attitudinal preparation will also be carefully reviewed. The client's attitudes toward the world

of work in general, his work related habits, his understanding of job stress and related matters, must be carefully considered. Depending on the treatment and employment background of the individual, he may be referred for further pre-employment readiness training (described below) or, he will be sent immediately for placement (all other things being equal).

B. PRE-EMPLOYMENT READINESS TRAINING

There are two types of training to be considered. If the client does not have specific skills which qualify him for a job in his area of interest, then occupational skills training will be indicated. Clients will be referred to the training settings listed in the OEIRS data bank. If the available training data does not carry a stipend, then the employment data bank will be checked for either temporary work or jobs that do not require sophisticated skills. This will be done in an effort to underwrite the necessary living expenses of the client during the learning period. Another option would include training slots offered directly by firms as on-the-job training where trainees receive an income from the company.

The second aspect of pre-employment readiness, no less important than specific skills, is the client's knowledge of and attitude toward the world of work. It is hoped that most treatment programs will adequately prepare their clients in this area. However, with the tremendous program-to-program variations in New York City, many clients may need to attend the employment center's readiness training program. The client and the counselor will establish the client's areas of weakness, and a curriculum will be designed to meet his needs.

The collective experience of many treatment programs in New York City has demonstrated the need for further work-readiness training during the re-entry period from treatment into the world of work.

The work readiness training conducted directly by the center's staff will include workshops in such areas as: (1) interpersonal relations with superiors and peers, (2) dealing with stress, (3) basic fiscal management such as checking and savings accounting, investment, fringe benefits, insurance, and the like, (4) competition, promotion and advancement, fair and unfair labor practices, (5) work habits including sessions on punctuality, division of labor, allocation of time, hygiene and dress, short and long range goals, dealing with emergency priorities, and the like, (6) handling the question of who, if anyone, to tell about one's drug history, (7) choosing the right job, (8) preparation of resumes and how to handle the job interview, (9) career planning, and additional workshops as the special needs of the ex-addict become apparent.

At the same time that the client is attending these workshops, he will be meeting with a job counselor to explore his reactions and adjustment to the training curriculum. Workshops will utilize lecture formats (with guest speakers), role playing techniques, client peer rap sessions, and other educational methods. Once the counselor and the client feel that the client is ready, he will then move into the employment placement phase of the service.

C. EMPLOYMENT PLACEMENT

The most important aspect of employment placement is the opening of job opportunities for the center's clients. Therefore, the center will employ a full-time job developer, drawn from the ranks of business and industry, whose time will be spent in opening doors to employment. The job developer must be a person who is comfortable with corporate managers and simultaneously able to promote the hopes and aspirations of the center's clients.

After studying the range of skills available in the centers manpower pool, he can seek to promote openings in firms which match the skills available. Conversely, clients will be sought whose skills match the jobs offered by employers. Such information will also be made available to treatment programs as an aid to promoting relevant occupational preparation within the treatment phase. The job developer will send the resume of clients to prospective employers, in an effort to promote immediate openings for work-ready individuals.

The employment center will have listings of job openings, including on-the-job training openings, which will be updated on a regular basis. Client skills and employer requisites will be matched to specific job interests. The counselor will contact a firm to verify the opening and will then give the client the specific referral. After verification of the opening, the client will then contact the firm to schedule an interview. It is hoped that, in most cases, there will be a personal contact between

the job developer and the business firm. This will allow the center to send the prospective employee with a feeling of realistic optimism. It will also reassure the prospective employer that the persons whom the center recommends are genuinely work-ready. The center can certify, via the treatment program's recommendation, and the center itself can certify that the prospective employee has the skills called for in the job description. No one can certify that the client will never use drugs again. The risk the employer is asked to take is the same risk he would take for any other employee.

The uniqueness of the employment center is that it serves only an ex-addict population. Therefore, potential employers will have to know that the prospective employee is a former drug user. Employment screening usually entails a physical examination. Such a physical could show up positive urines for methadone, so all methadone maintenance patients will have to certify their participation in their maintenance program. Physical exams can also turn up old needle tracks which might alarm the physician.

Center staff will be available to counsel business firms in how to deal with this type of confidential information. In most cases the center would advise that as few persons as possible in the company know the new employee's drug or treatment history. This should be privileged information to be revealed only by the client. However, realistically speaking, someone in the company, usually the personnel department, will have to have access to this information. The personnel department would be advised to let the medical section know; whether or not the new employee's supervisor should know is a matter for careful discussion by the firm and the client.

In work support situations, supervisors will have to be aware of the nature of this unique group. However, the same reasoning does not necessarily hold true for individual employees. Each case will be dealt with individually. In many instances the employment center will have no say in matters concerning internal company decisions.

If a client goes for an interview but is not placed in a job, he can return to the center for an analysis of why he failed to get the job. Additional placement, return to the pre-employment training phase, or if necessary, referral back to treatment may be recommended. The job counselor will contact the employer to ascertain from the company's point of view why the client was not placed. In some cases additional counseling by center staff may be required. Multiple rejections of various clients by a company may necessitate dropping the firm. This would be done by the job developer after discussion with the employer.

D. TRACKING

Tracking refers to the follow-up of clients as they move into gainful employment. At present very little data exists on employment outcomes for ex-addicts as a group. In fact, public information or treatment outcomes is not readily available. Anecdotal testimonies freely abound, but businessmen are usually interested in hard data. Therefore, follow-up and tracking of clients, both within the proposed service and into actual employment, is essential to the development of a solid body of information. Each time an ex-addict fails at his job or relapses into drug abuse and/or criminality, it hurts the chances of every other ex-addict seeking employment. The

documentation of positive experiences must be juxtaposed to instances of failure. If for example, ten per cent of the center's clients relapsed in terms of drug use or failed on the job, the center could compare this figure to the ninety per cent who are doing well. By compiling data the center can issue quarterly reports (with all identities treated with complete confidentiality) on the status of the ex-addict workers. This data can be compared with data drawn from general working population statistics issued by the Department of Labor and other sources.

Tracking will be accomplished by having the client and the employer agree to a follow-up period of twelve months after placement in a job. The center's director of research will track the client through meetings with the client and by speaking with a representative of the client's employer. While clients may initially object to tracking the center's staff can explain that by allowing the center to track him, he will aid in creating a stronger case for the employment of other ex-addicts. Each client must agree to participate in tracking in order to receive the services of the center. Each individual's records are essential to proving to business and industry that "hiring the ex-addict is good business." After all, the ex-addict must compete with all other special categories of individuals seeking employment in a presently depressed job market. The quid pro quo is simple: the center provides the client with job counseling and placement, and he reciprocates with participation in the tracking program.

Internal tracking will allow the analysis of the center's activities in a variety of ways. The benefits of internal tracking are: tabulation

of the programs whose graduates fare well in the job market, categorization of skills and jobs that emerge as time goes on, determination of which counselors are having the greatest success with clients. The aforementioned can distinguish certain demographic variables on clients, etc. The more that is known about the internal workings of the center, the better it can serve treatment programs, the business community, and clients.

E. CLIENT COUNSELING

The amount and type of personal support needed by ex-addicts in moving from treatment to the world of work varies greatly among individual clients. As a rule, the stronger the re-entry phase of a client's rehabilitation, the less post-treatment support he should need in the work setting. It is important to keep in mind the principle of individual differences as defined in psychology and human relations. It would be grossly unfair to lump all former addicts together as if they represented a genuinely unique group. Former addicts are only unique in that they have shared a common background of drug abuse and criminality. Client similarities, more often than not, are construed by treatment philosophy rather than actual point in fact. In the development of the models, the position was taken that the rehabilitated addict is not a "disabled" or "disadvantaged" person in any uniquely personal sense. The disability of the ex-addict lies either in his past drug history, criminal behavior, or in his future as affected by employer bias or stereotyped public attitudes. The working assumption was that the ex-addict as an employee is no different from the general working population and may even be above average in his motivation toward vocational

accomplishment.

Almost all employers consider new employees as being in a probationary period, usually from one to six months on the job. It is felt that the ex-addict employee should be given the same probationary status as other new employees. The major concern is that the ex-addict employee's work will not be evaluated by the same criteria used for all employees. It is feared that some employers will keep a special watch on center clients. Wherever possible, this will be dealt with from the outset by the job developer's initial negotiations with employers.

Whatever the setting achieved, it is anticipated that some clients will require counseling once they are on the job. Wherever company counselors are available, they should be utilized. Many large firms have counseling departments to deal with employee difficulties. But, for those companies that do not counsel employees, the center can provide counseling services for those clients placed.

It has been suggested that clients experiencing trouble on their jobs could return to their treatment programs for counseling. In most instances, this is not a realistic suggestion. Any behavioral event which would require a client to "return to treatment" would seem like regression to the client. Therefore, it is felt that the employment center should provide counseling to those who wish it. This can be viewed as an intermediary step, more desirable than returning to a treatment setting for help. Counseling can be done by pre-arrangement with the client and/or employer, or can be available on a crisis or walk-in basis for emergency situations.

If it felt that a client is not using the resources available in the company, the center will inform the client and encourage him to work out the particular problem, wherever possible, in the work setting. An employer could consult either the center or the client's treatment program, prior to taking any action. It is difficult to project this situation for most companies. Certainly the center would be available to aid employers in making such decisions.

Counseling to be provided for clients on-the-job will be work related in nature. If the client returns to the center seeking counseling on personal problems which are not work related, then he or she will be referred for either professional help or back to the treatment program. The center will keep a file of qualified counselors and therapists for those who wish to make use of such services.

F. ORIENTATION AND TRAINING SERVICES

The staff of the center will be at the disposal of both treatment agencies and business firms for orientation and training services. The job developer will offer these services to companies which provide job openings. Similar services will also be available on a limited basis to firms not immediately offering jobs. Staff will conduct orientation programs for management and labor personnel to introduce them to the drug scene, the process of rehabilitation, and the relationship between treatment and work. Orientation programs can be conducted in both large and small groups and can be brief or detailed depending upon the needs of the company. It is the intent to close the information gap and to attack directly many of the myths

concerning the drug problem. These programs will be conducted within the company and need not be given public notoriety.

For those companies that wish it, in-depth attitudinal and human relations skills training programs will be available, primarily for supervisory personnel (either management or labor). These training programs will be conducted by center staff and consultants to the center. The training will not be restricted to "drug abuse" but will focus on management skills, organizational development, and interpersonal relations. One of the failures of the training encountered in the "hard-core unemployed" was the lack of preparation of supervisors to receive trainees into the work setting. By offering training programs designed for management personnel, the center can help to bridge the gap between the employer and the employee. As mentioned in the Kemper project, this type of management training carries with it many fringe benefits for company employees. If desired, company personnel can be trained to mount drug related programs following the GM and Equitable models, or similar models suited to the company in question.

Orientation and training services will also be made available to the various treatment programs. Center staff and consultants will be able to conduct orientation programs for treatment staff and residents on various aspects of vocational and educational preparation. This would range from a general introduction to the world of work and education to specific theme-centered seminars. Volunteer speakers could run seminars on various types of employment and educational pursuits. The center can act as a coordinating

body for the setting up of such seminars, drawing upon experts from business and education. Center staff can also advise treatment workers on establishing internal programs for work and study. Training programs to teach specific skills to job developers and educators employed by treatment programs can also be made available.

The center can act as a middle man in bringing business, education, and treatment personnel together for an exchange of information and the formation of special projects. Wherever possible, the center will strive to help treatment agencies and employers and educators to develop direct relationships with one another.

G. ANCILLARY AND CONTRACTED SERVICES

As mentioned above, certain services will not be conducted directly by the OEIRS or employment center. Educational and occupational skills aptitude testing will be contracted to organizations already providing these services. If remediation in basic skills such as language arts or mathematics is needed, clients will be referred to educational institutions which render these services. For clients seeking any form of non-work related psychotherapy, several options are available: the client can return to his treatment program, seek help from a private source, or be given a referral by center staff members to the proper service or organization. Clients in need of occupational training will be referred by center staff to appropriate training organizations.

Various college advisory services are available to clients wishing to further their education. In some cases, sub-contracts will be negotiated with service organizations which provide a valuable service but charge a fee (It must be kept in mind that center clients have very limited financial resources). In seeking a skills matching format for the center's computer operation, we will seek already existing programs which are in the public domain. (See section on the computer system for our model).

One of the most important aspects of the proposed services is the generation of an appropriate public image. To achieve this, a public relations firm will be hired to work closely with the center's executive staff. Any image achieved must rely on a frank approach to the realities of the treatment programs, the clients, and the world of education and work. The promulgation of information concerning the services of the center and the merits of the clients must be done professionally and honestly. The public relations firm must come up with a public information program geared toward clients, treatment agencies, employers and educators -- no easy task. The model does not envision a slick package which attempts to oversell the "ex-addict." The primary emphasis must be on the skills and talents of the clients. The idea that must be "sold" is a competent and talented manpower resource pool which is available to business and industry, and which is derived from professionally competent treatment programs. Most importantly, the center's ability to certify work-readiness must be underscored.

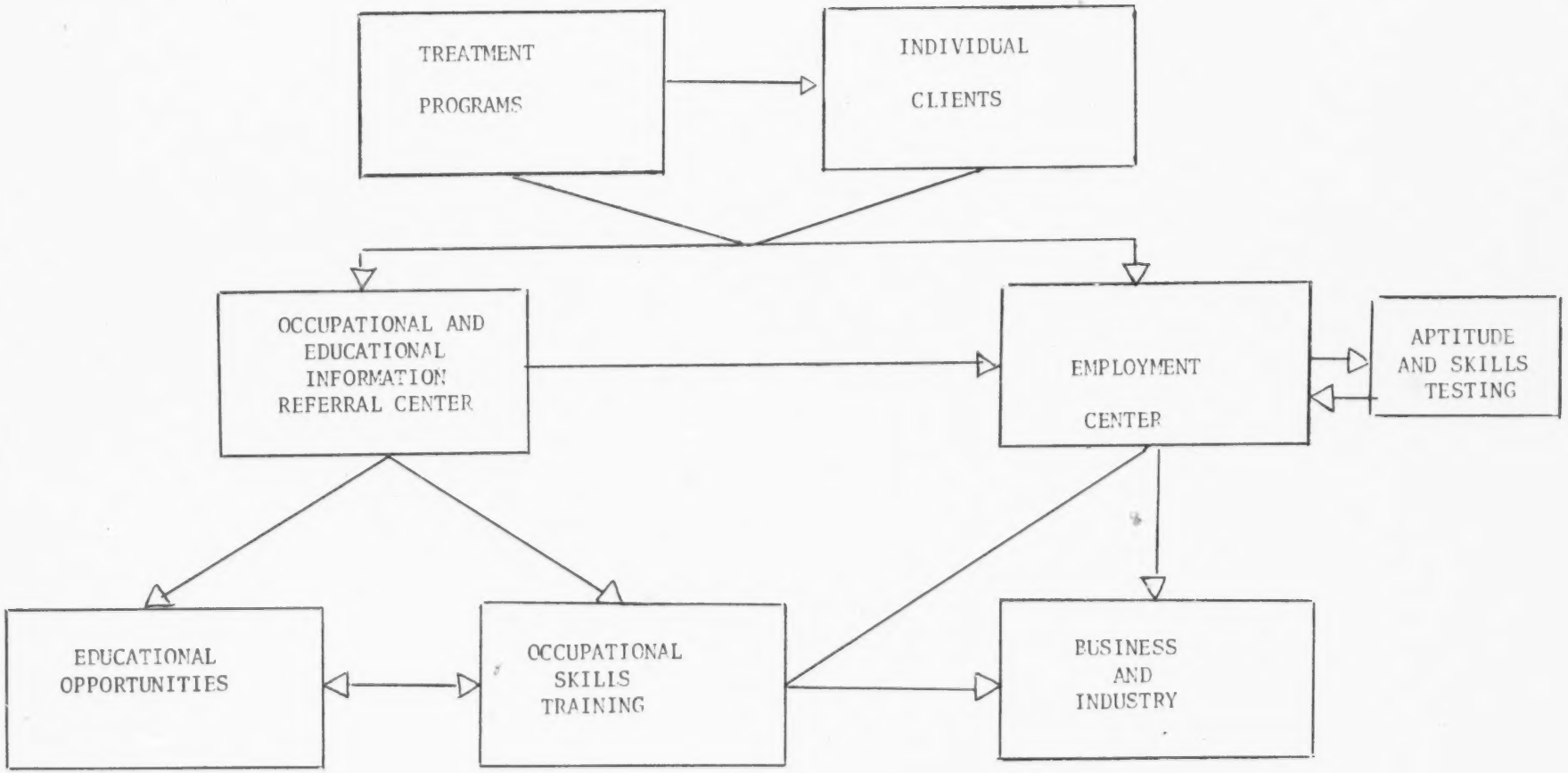
At the conclusion of the first year of operation, the center will seek a thorough evaluation of its services from a neutral third party research organization. Independent evaluation can aid in supplying valuable feedback to the center's director and staff. The center will seek to take advantage of all existing services which can meet its needs. For example, organizations, like the Vocational Foundation, Inc., offer their referral services, free of charge, to all who are seeking vocational training.

The center will not conduct urine or other chemical analyses on clients. If a prospective employer wishes to do so, it is his right. Behavioral symptoms of drug abuse will be noted by center staff. It is felt that medical screening is not a suitable practice for an intermediary agency of the type proposed. The center can refer clients in need of medical services to physicians or clinics.

H. BOARD OF DIRECTORS/ADVISORS

A professional Board of Directors and Advisors for the combined OEIRS and employment service agency has been envisioned. The members of this Board will be drawn from the worlds of work, education, treatment and other organizations that have a direct involvement in ex-addict employment and education. The critical element is the appointment of a Board whose members are interested in the provision of quality services and not motivated by power or status. The Board members will be selected by the consortium of agencies who come together to seek funding and to implement the model or a variation of the model proposed here. The role of the Board would be to actively advise the executive staff of the proposed employment center.

It is believed that balanced representation from the employment, educational and treatment sectors will accrue to the benefit of all concerned. One of the major roles of the Board members will be to aid the center staff in making important contacts for educational and occupational opportunities. Therefore, they are part of the public relations team which must bring the work of the center to the attention of relevant individuals and organizations. The center will issue quarterly reports to the Board. These reports will be formal in nature and will include both quantitative and qualitative information. The monthly meetings will be utilized as a feedback system in both a formal and informal manner.



OEIRS AND EMPLOYMENT CENTER MODELS

VI. DESCRIPTION OF COMPUTER SYSTEM

The large amount of relevant data concerning treatment programs, individual clients, educational and occupational opportunities and employer opportunities would render a manual data handling system slow and cumbersome. Therefore, an electronic data processing system is called for because of its time and cost saving capabilities.

The following are suggestions for a computer based system that would service the needs of an agency whose function is the referral of clients for occupational training and formal education and employment placement.

A master client file would be set up for each client who is accepted by the Service. This file would contain pertinent data, as described below, to help carry out the various functions of the Service. The file would be used for the matching of skills, experience and educational requirements, tracking of an individual both within the Service itself and after he has been placed.

A computer based operation would store information relevant to the following functions:

(1) Educational and occupational training information and referral

(2) Employment referral

(3) Tracking

A. EDUCATIONAL INFORMATION AND EMPLOYMENT REFERRAL

The first two functions are similar; they involve the selection of certain individuals whose attributes coincide with the requirements of an

educational or training program, or a prospective employer. The following information contained in the master client file would be pertinent to these functions:

(1) Age

(2) Sex

(3) Ethnic Origin

(4) Type and level of academic achievement

(5) Type and level of occupational achievement

(6) Special Aptitudes

(7) Past Employment

(8) Level of Exclusionary indication (type and number of convictions, etc.)

(9) Work readiness (emotional attitude)

(10) Work readiness (training)

When a job becomes available, a search, which will select those individuals that fulfill the necessary requirements, will be made of the client master file. This search can use an unlimited number of qualifying criteria. A report will then be printed of the names of the eligible clients.

The educational and occupational information function would consist of a weekly read-out from the computer of all available opportunities. This file would be constantly updated as new information becomes available.

Both educational and employment opportunities would be contained on separate files which would include the following type of information as

criteria:

(1) Skills required

(2) Education required

(3) Skills preferred

(4) Education preferred

(5) Aptitudes preferred

(6) State of readiness required

(7) Exclusionary criteria (number and/or type of convictions, arrests, etc.)

(8) Date of submission of opportunity

(9) Expiration date of opportunity available

(10) Preferential criteria (age, sex, etc.)

The client master file will be updated on a weekly basis to show the changed status of a client as he moves through the Service. For example, when a client completes a certain training program, thus acquiring new skills, his state of readiness would be incremented, and the updated file would show his new levels of achievement.

The date of attainment of a particular level of readiness will be entered into the individual client profile as it occurs. This information can be used as a "tie breaker" or prioritization mechanism by the referral agency in cases in which no subjective criteria can be brought to bear when the number of eligible clients exceeds the number of educational or employment referral opportunities available.

B. TRACKING

Tracking will enable a summary analysis of relative client success and an internal monitoring of the overall service.

There are two purposes for the tracking of a client by the Service:

(1) to gather hard data to prove the success or failure of a client who is placed on a job.

(2) to monitor the client's progress through the Service.

The following data would be relevant to the tracking of a client, from his first entry into the Service, until one year after he has been employed:

(1) Date of initial contact with the agency

(2) Type and amount of supportive services estimated to be needed by client at time of first contact.

(3) Type and amount of supportive services supplied to client after first contact.

(4) Referral performance: number and types of referrals, acceptance or rejection of opportunity by client or institution.

(5) Post-acceptance performance (quality of opportunity as judged by client; quality of activity in opportunity as judged by Service.

Client tracking will supply specific and concise feedback on all actions taken by or for a client from the time of first contact with the Service. It will provide data as noted above. In addition, the data will show performance evaluations by the client, the Service, and the supplier of the educational and employment opportunities subsequent to the acceptance of the opportunity.

C. CONFIDENTIAL INFORMATION

Four critical pieces of information have not yet been mentioned; these are:

(1) Client identity

(2) Treatment agency identity

(3) Educational or training institution identity

(4) Prospective/actual employer identity

Due to the sensitive nature of other data in the system, the need for confidentiality with respect to the above mentioned identities is critical. The insurance of privacy for these entities is quite easily attained once the problem is recognized, and the principle may be extended to cover other identities stored within the system. The protection of identity can be effected by the assignment of code numbers to refer to the individuals and institutions. Such assignment, and possession of assignment lists, should be manually controlled by authorized agents of the Service. This will preclude violation of privacy by uninvolved agency staff and, more importantly, by persons present at the computer processing installation.

D. SUGGESTIONS FOR IMPLEMENTATION

1. It is unnecessarily wasteful to write new systems, duplicating existing software. There are a number of skills inventory systems already in the marketplace, some of which may be in the public domain. These packages are capable of the production of lists which contain multiple eligible clients for multiple opportunities in an efficient manner. All such systems

include mechanisms for entering new clients and opportunities to lists and for updating the status of any type of data already present in the system.

2. It is a fact of life within the data processing industry that the cost of implementation of a system increases when the implementation of that system is not performed by the same manufacturer within the same time period. Design and coding specifications have a tendency to become stale, and the initial meaning of such specifications changes, when persons involved in design work are unavailable for consultation during implementation. Thus, it is suggested that functions which might not be used initially by the system be built in at the time of implementation, even though they may not actually be performed until a later date. For example, there could be functions which would enable the referral agency to track its own performance, that of its individual support functions, of the referring treatment agencies, and of the suppliers of the educational and employment opportunities. This audit trail is an extremely valuable mechanism for monitoring the activity of the Service and the actual operation of those agencies and institutions with which it interacts.

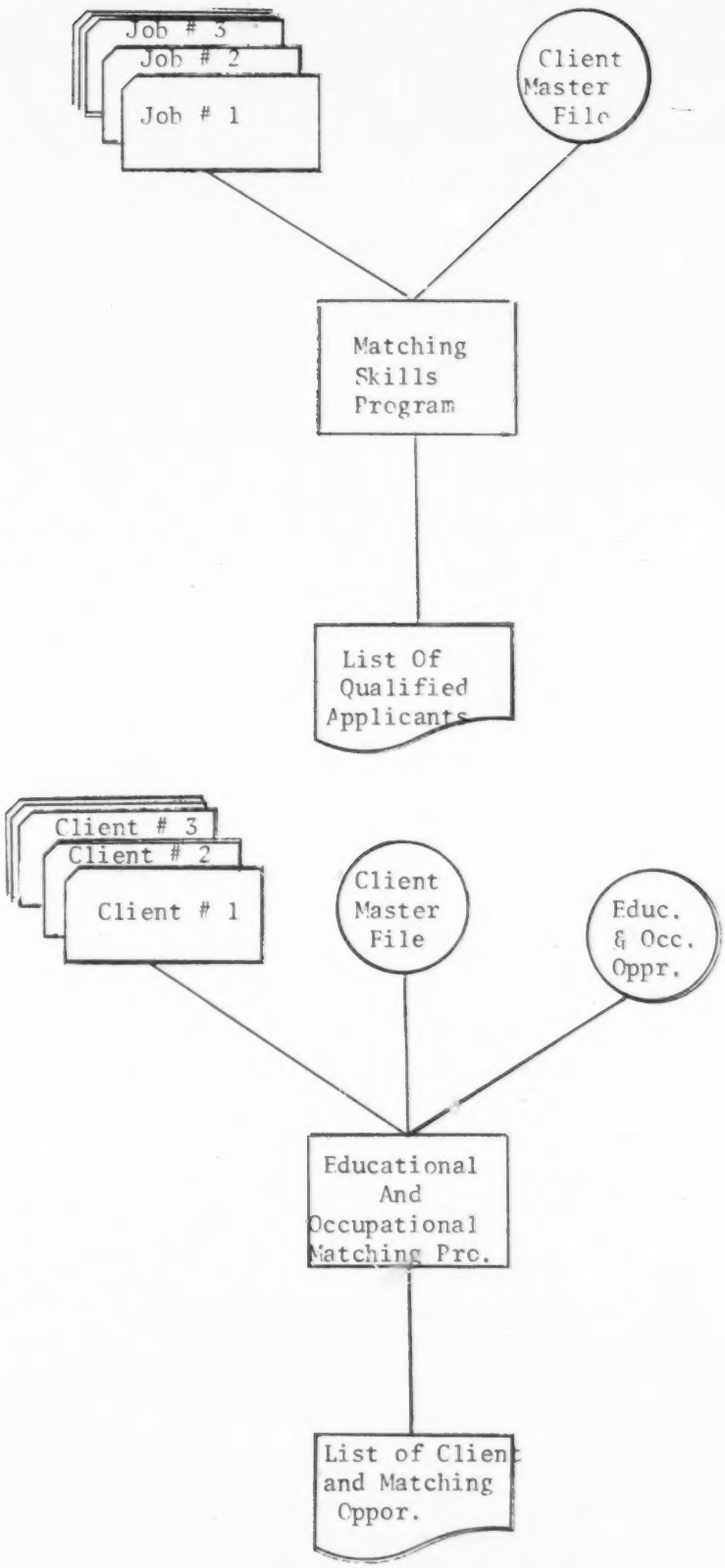
The following are examples of possible future system functions:

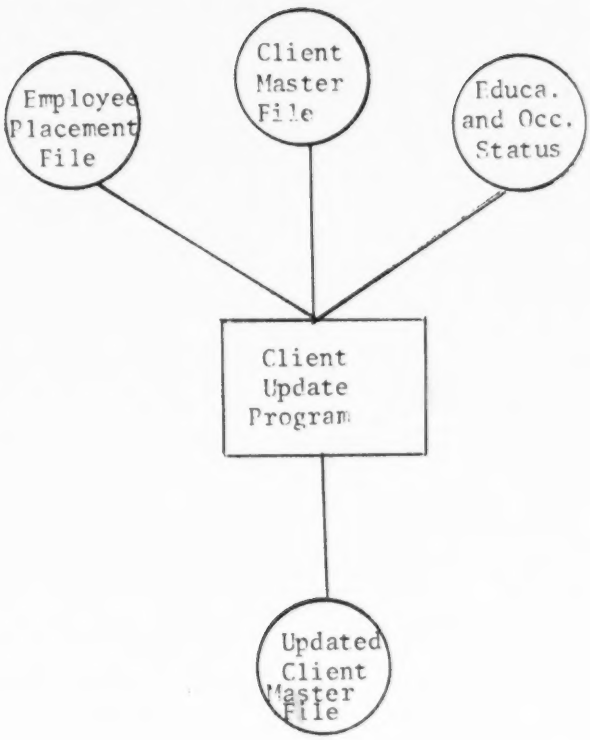
A. Comparison of the performance of many clients from the same treatment agency or same type of treatment modality could provide a valuable managerial tool in allocating resources to service clients referred by such agencies. This could also provide diagnostic data to the treatment agencies themselves if disclosure of such figures is within the constraints of the charter of the Service.

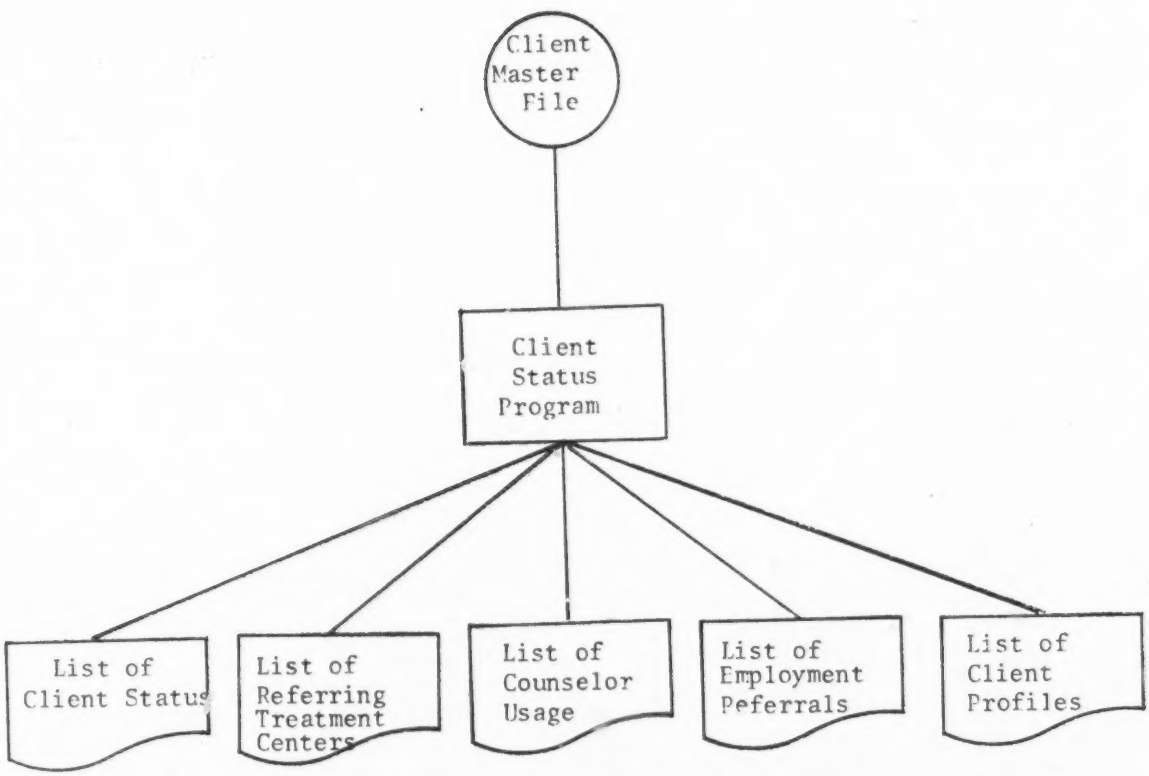
B. A similar comparison may be made concerning the performance of classes of clients after application for or acceptance of opportunity with a specific employer or class of employers. This data would be valuable to the job developer in assessing the prospects for success of clients after referral to the various suppliers of opportunities.

C. The number and kinds of activities that support workers utilize in relation to clients or classes of clients would provide executive staff with a tool which would indicate inappropriate amounts of effort by support workers to service such clients. This may indicate conscious or unconscious bias towards a client, the overloading of a particular support resource provider, etc. It is difficult to see how quantifiable norms of such activity could in fact be derived without inclusion of this function.

EXAMPLES OF THE COMPUTER SYSTEM




Employee Placement File
Client Master File
Educa. and Occ. Status
Client Update Program
Updated Client Master File


Client Master File
Client Status Program
List of Client Status
List of Referring Treatment Centers
List of Counselor Usage
List of Employment Peferrals
List of Client Profiles

ESTIMATED BUDGET OF COMPUTER-BASED SYSTEM *

Initial start-up

Time and materials	$15,000
Initial specifications	3,500
Computer consultant (from initial study to implementation)	7,500
Skills inventory software package (fee is negotiable)	0 - 12,000
Interface of software package into rest of system	2,500
Tracking system	10,000
Coding of future functions	8,000
Total	$58,000

Weekly cost of operation

$200 per week x 50 weeks	10,000
Total cost of system	$68,500

*All dollar amounts estimated thus far must be understood to be no more than estimates. Vendors of software manufacturing services have different ways of developing cost figures. Some will supply fixed-cost contracts while others supply cost estimates but work on a time and materials basis. Estimating the cost of operation of the system after implementation is difficult because of the lack of specifics concerning the number of runs required, the type and size of the computer required to process the operations, and the like.

VII. COMBINED MODEL BUDGET PROJECTION

The following budget reflects a preliminary estimate of budget expenditures for the first year of operation. Salary levels are high because it is felt that in order to acquire qualified staff members, proper financial remuneration is in order. The specific qualifications for each position should require as broad a background as possible in both occupational and educational concerns and knowledge of the drug field. To insure the continuous upgrading of staff, money is allocated for in-service training. All figures are either "guess-timates" or reflect estimates based on actual operating costs of similar social service agencies.

PERSONNEL

Full-time:

Executive Director	$ 30,000
Job Developer	25,000
Counseling Director	20,000
Research Director	20,000
Assistant Counseling Director /Coordinator of OEIFS model	17,000
Research Assistant	17,000
5 Employment/Educational Counselors @ $14,000	70,000
Executive Secretary	9,000
2 clerk-typists @ $8,000	16,000
Receptionist	7,500
	$266,225
Fringe and FICA (15%)	34,724
Total	$300,950

Part-time:

Legal Counsel @ $100/day, 36 days	$ 3,600
CPA @ $100/day, 12 days	1,200
Bookkeeper @ $75/day, 48 days	3,600
Job Development & Educational Consultants @ $100/day, 24 days	2,400
Public Relations Package	15,000
Occupational & Educational Aptitude Testing @ $100 per person, 100 clients	10,000
Computer Consultant (start-up)	7,500
In-Service Training	10,000
	$53,300
TOTAL PERSONNEL	$354,250

OTHER THAN PERSONNEL SERVICES (OTPS)

Rent: 4,000 sq. ft. @ $5/sq. ft	$ 20,000
Facility Improvement & Renovation	15,000
Equipment	10,000
Special Equipment: Computer Operating Costs, processing time, etc	58,000
Consumable Supplies	3,000
Maintenance	2,000
Telephone Installation and Use	4,000
Postage	1,500
Travel (local)	1,000
Beneficiary Food	1,000
Insurance	1,000
Repair Services	500
TOTAL OTPS	$117,500

TOTAL PERSONNEL	$354,250
TOTAL OTPS	117,500
TOTAL BUDGET	$471,750

VIII. SUMMARY

When the investigators began this project, it was assumed that the education and employment of former drug abusers represented a multi-faceted social problem. Continued investigation revealed the unique problems in the field of education and world of work. This study represents an attempt to compile and synthesize many of the cogent issues related to post treatment educational and occupational pursuits.

The major goal of the study was the development of the OEIRS and employment agency models. However, before models were developed which would lead toward a solution, a detailed description of the problem area was deemed necessary. This is why so much of this report is devoted to developing the history and background of treatment programs, education, and business and industry.

With increased clinical and medical advances, many persons originally believed to be incurable have recovered from both chronic and acute illnesses. This group includes those who have recovered from drug addiction, alcoholism, mental illness, physical handicaps, and a wide variety of characterological problems. Each of these special interest groups compete in the market place for available job opportunities and special programs. This study focused upon the former drug addict. Anyone familiar with addiction knows about the long road back from this life style and the absolute necessity for the meaningful absorption of these persons into society after treatment.

The links between treatment and employment must be strengthened. In many cases they must be established from scratch. The research findings indicate that the institution of an intermediary organization such as the one proposed in the models presented can successfully bridge the gap and connect the links. Only an intermediary "ombudsman" type of organization can provide the two-way leverage necessary to promote educational and occupational opportunities. When left to their own devices, the treatment programs will only succeed in a random manner. Assurances of employability will not be readily accepted from treatment workers unversed in the needs and practices of the business world. Opening the doors to opportunity can only be accomplished by professional job developers sympathetic to the world of work, particularly managers, as well as to the plight of the former addict.

Implementation of the models proposed in this report must be done in a deliberately slow and conservative manner. No institution or employer is going to provide opportunities for the estimated 30-40,000 former addicts now seeking placement. The initial enforcement of stringent criteria is called for to create a basis for successful placement. The proposed agency must prove itself with a small group of work-ready and school-ready ex-addicts. Having done this, a strong case can be made for steadily widening circles of clients.

Tracking is essential for an agency which is ultimately concerned with the employability of a large number of clients. Tracking will enable a summary analysis of relative client success and an internal monitoring of the overall service.

Financial support for such models should come from both the public and private sectors. At recent hearings on ex-addict job discrimination, both public and private employers pointed the finger at the other camp to get the ball rolling. The initial intent should be to deal with a small number of enlightened employers rather than any attempt to solicit a large number of openings early in the game.

A consortium of interested parties coming together, using this and other models to seek out funds is recommended. Ideally, the consortium would include persons from treatment and from the business world. It should also include government agencies and foundations as a nucleus for advisory and financial support. The intermediary agency must be operationally independent of both government agencies and the business world. This intermediary agency would help to meet the needs of both groups, but in order to operate successfully, must be functionally and legally independent.

REFERENCES

American Management Association. *Drugs as a Management Problem*, Briefing Session # 8303-01, November 17-19, 1970.

American Management Association. *Drugs as a Management Problem*, Orientation Seminar # 8203-01, December 1-3, 1971.

American Management Association. *Drugs as a Management Problem*, Orientation Seminar # 8255-02, June 26-28, 1972.

American Management Association. *Drugs as a Management Problem*, Orientation Seminar # 8203-01, October 16-18, 1972.

Austin, Vincent, *Ex-Addicts Pumping Gas*. New York Post, September 15, 1972.

Cook, Joan, *N.A.A.C.P. Job Plan Aids Ex-Convicts*. New York Times, August 6, 1972.

Clinical Bio-Tox Laboratories, Inc. *Study of Chicago Industry Drug Abuse and Alcoholism*. June, 1972.

Chambers, C.D. *Differential Drug Use Within the New York State Labor Force*. New York State Narcotic Addiction Control Commission, May, 1971.

Columbia Broadcasting System. *"CBS Reports-Higher Education: Who Needs It?"* CBS News, May 25, 1972.

Dougherty, Donald, Executive Director of Association of Voluntary Agencies on Narcotics Treatment, Testimony before the *Temporary State Commission to Evaluate the Drug Laws*. September 20, 1972.

Feurey, Joe, *Asks Laws on Jobs for Ex-Addicts*. New York Post, September 20, 1972.

Finney, Graham S., Commissioner of the Addiction Services Agency of New York City. Testimony before the *Temporary State Commission to Evaluate the Drug Laws*. September 20, 1972.

Goldenberg, I.I. *Employment and Addiction: Perspectives on Existing Business and Treatment Practices*. National Technical Information Service, U.S. Department of Commerce, August, 1972.

Gordon, N.B., *The Functional Status of the Methadone Maintained Person*. Chapter in Simmons, L.R. and Gold, M.B. (Eds.) *Discrimination and the Addict*, Sage Publications, Beverly Hills, Calif., in press, 1973.

Hardt, C.R., *Statement as Chairman of the Temporary Commission to Evaluate the Drug Laws: relating to alleged discrimination in employment against former users of illicit drugs.* September 20, 1972.

How Kemper Aids Ex-Addicts. *Business Week*, February 26, 1972.

Jacobs, Sanford L., *Kicking a Habit: More Firms Begin to Hire Ex-Drug Addicts, 'These people don't have horns and tails.'* Wall Street Journal, September 21, 1972.

Kihss, Peter, *41,000 in Drug Programs Seen in Job Market in 1973.* New York Times, September 21, 1972.

Kurtis, C., *Drug Abuse as a Business Problem: The Problem Defined with Guidelines for Policy.* New York Chamber of Commerce, New York City, August, 1970.

Levy, S.J. and Ramirez, E., *Guidelines for Management-Labor Team Efforts: Approaches to Drug Abuse Education and Prevention in Industry.* The Training for Living Institute, New York City, December, 1971.

Levy, S.J., *A Study of Drug-Related Criminal Behavior in Business and Industry.* The Training for Living Institute, New York City, June, 1972.

National Council on Alcoholism. *A Cooperative Labor-Management Approach to Employee Alcoholism Programs.* New York City, October, 1971.

New York City Manpower Area Planning Council. *Comprehensive Manpower Plan for New York City*, Fiscal Year 1973.

New York State Narcotic Addiction Control Commission. *The Attack.* Report shows 3,000 former addicts employed; 2,500 work full-time. Volume 5, No. 3, Fall-Winter, 1972.

New York State Office of Vocational Rehabilitation. *Guidelines for Acceptance of Clients with a History of Narcotics Addiction*, 1972.

New York Times. *State Unit Looks Into Ex-Addict Job Bias.* September 18, 1972.

New York Times. *Jobs for Ex-Addicts.* Editorial. September 27, 1972.

Pace, N.A., *Alcoholism in Industry*, General Motors Corp. November 3, 1971.

Perkins, M.E., and Wolkstein E.C.C., *Vocational Rehabilitation in Methadone Maintenance Treatment: Society's Responsibility.* Beth Israel Medical Center. Read at the 49th Annual meeting of the American Orthopsychiatric Association, Detroit, Michigan, April 5-8, 1972.

Presnall, Lewis F., Director of Rehabilitation Services, *What about Drugs and Employees?* Chicago, Illinois.

Roche, J.J., Chairman General Motors Corporation, *Alcoholism Recovery Institute Luncheon*, November 3, 1971.

Rush, H.M.F., and Brown, J.K., *The Drug Problem in Business: A Survey of Business Opinion and Experience*. The Conference Board Record, Volume III, No. 3, March 1971.

Sheridan, F.X., *Education as Therapy*. Paper presented as part of a symposium entitled SERA: A Therapeutic Community with a new approach. 80th Annual Convention, American Psychological Association, September 2, 1972.

Sibley, John, *New Aid Planned for City Addicts*. September 13, 1972.

Special Action Office for Drug Abuse Prevention. *Jobs for Drug Abuse Treatment Program Clients: Experimental Design*. 1972.

State Education Department, University of the State of New York. *A Tripartite proposal to the Bureau of Occupational Education Research of the New York State Education Department for the Establishment of Models Pertaining to Vocational and Educational Training and Related Resources for Ex-Addicts in the City of New York*. June, 1972.

State Education Department, University of the State of New York. *New York State Drug Administrators' Survey and Conference Report*. Bureau of Occupational Education Research. October 6,7, 8, 1971.

State Education Department, University of the State of New York. *Statewide Crisis Center Conference*. Report prepared by the Training for Living Institute for the Bureau of Occupational Education Research. February 23, 24, 25, 1972.

State Education Department, University of the State of New York. *Study of Articulation Program Between Nassau Community College and Topic House*. Report done by Dr. M. Morgenstein and H. Strongin, Nassau Community College for the Bureau of Occupational Education Research. July, 1969.

Squerciati, Maria, *Jobs for Ex-Addicts: Funding for Failure*. Village Voice, September 28, 1972.

Vera Institute of Justice. *OTB Supportive Work Project*, 1972.

APPENDIX

ACADEMIC ADMISSIONS POLICY QUESTIONNAIRE

1. What is the admission policy, if any, in your school regarding ex-addicts and/or methadone patients?

2. If there is no specific policy, is there anything in the by-laws of your school which would prohibit the entrance of ex-addicts and/or methadone patients?

3. In order for an ex-addict or methadone patient to be admitted, would you require a letter of recommendation from the treatment program that he/she has attended?

4. Are there any special programs to help prepare the ex-drug user for college, or to deal with his or her special problems?

5. Are there currently any academic courses or programs in drug abuse being given in your school?